

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000015118 (9)**

1. Corporation Name  
**HIGH CLIFF HOLDINGS, INC.**

Principal Place of Business: 2000 Glades Road, Suite 400, Boca Raton, FL 33431  
Mailing Address: 2000 Glades Road, Suite 400, Boca Raton, FL 33431

3. Date Incorporated or Qualified: 02/23/95  
3a. Date of Last Report: /

21. Principal Place of Business <b>4612 S. OCEAN BLVD.</b>	2a. Mailing Address <b>4612 S. OCEAN BLVD.</b>	4. FEI Number <b>65-0660190</b>	Applied For <input type="checkbox"/>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. City & State <b>HIGHLAND BEACH, FL</b>	26. City & State <b>HIGHLAND BEACH, FL</b>	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Zip <b>33487</b>	25. Country <b>USA</b>	29. Zip <b>33487</b>	30. Country <b>USA</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>HRAWG Corp. 2000 Glades Road, Suite 400 Boca Raton, FL 33431</b>		10. Name and Address of New Registered Agent	
81. Name <b>LUCREZIA L. MILANI</b>	82. Street Address (P.O. Box Number is Not Acceptable) <b>4612 S. OCEAN BLVD.</b>	83. City <b>HIGHLAND BEACH</b>	85. Zip Code <b>FL 33487</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4-18-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DPV MILANI, LUCIA CANADA</b>	1.2 NAME	
STREET ADDRESS	<b>44 UPLANDS AVE, THORN HILL, ONT.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>THORN HILL, ONT. CANADA L3T 4A5</b>	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ST MILANI, LUCIA</b>	2.2 NAME	
STREET ADDRESS	<b>44 UPLANDS AVE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>THORN HILL, ONT. CANADA L3T 4A5</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	<b>700001853947</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<b>-06/06/96--01088--022</b>
			<b>***200.00</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **LUCIA MILANI** DATE: **Apr 22/96**